ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH BUREAU OF V	BOARD OF HEALTH ITAL STATISTICS OFFICATE OF BIRTH State File No. 1/2 Registered No. 1/2
County Jila	
City No 65 Sky 6	or Village
Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or oth 5. No., in order of births.	er 6. Legitimate i 7. Date
8. FATHER Full name Linlbruns Sanchez	14. MOTHER Full maiden name Carleton Gerrera
9. Residence MIANT APPLICATION OF (Usual place of abode) If non-resident, give place and state.	15. Residence (Usual place of abode) If non-resident, give place and state.
10. Color or race Mulium 11. Age at last birthday(Years)	16. Color or race Mex: Can 17. Age at last birthday 38 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) (State or country)
13. Occupation Surface laborer Nature of Industry Copper mine	19. Occupation Nature of Industry
(Taken as of time of birth of child herein (b) Born alive	e and now living
I hereby certify that I attended the birth of this child, who was	NG PHYSICIAN OR MIDWIFE . Aline at 3 m on the date above stated. (Born slive Gratilborn)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	trong of
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Registrar.	Registrar,